

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 57586

FOR OFFICE USE ONLY
ENT'D SEP 05 2013
CHK# 57586 \$50-

Cjm HAND DELIVERED
132362
RECEIVED JUL 15 2013

II Client Information

Name: COALITION FOR OPPORTUNITY IN EDUCATION (THE) (FKA SCHOOL CHOICE COALITION)

Permanent Business Address: 111 WASHINGTON AVENUE, SUITE 202

City: ALBANY

State: NY

ZIP code: 12210

Business Phone: 518-640-0348

Fax Number:

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: COALITION FOR OPPORTUNITY IN EDUCATION (THE)

Phone Number: 518-640-0348

Address: 111 WASHINGTON AVENUE, SUITE 202

City: ALBANY

State: NY

ZIP code: 12210

Compensation for current period: \$23840 .00

B Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: DAVID LANGDON

Phone Number: 518-432-5440

Address: 491 STATE STREET, 3A

City: ALBANY

State: NY

ZIP code: 12203

Compensation for current period: \$60000 .00

C Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: DISTINCTIVE PUBLIC AFFAIRS, LLC

Phone Number: 718-704-7039

Address: 2156 CRUGER AVENUE, SUITE 45

City: BRONX

State: NY

ZIP code: 10462

Compensation for current period: \$60000 .00

☒ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$218840 .00

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: FRANCIS J. SANZILLO & ASSOCIATES

Phone Number: 518-445-7100

Address: 130 WASHINGTON AVENUE

City: ALBANY

State: NY

ZIP code: 12210

Compensation for current period: \$30000 .00

Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: STATE & BROADWAY

Phone Number: 518-729-4555

Address: 33 ELK STREET

City: ALBANY

State: NY

ZIP code: 12207

Compensation for current period: \$30000 .00

Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: WINGED FOOT CONSULTING, INC.

Phone Number: 518-852-5727

Address: 3674 COQUINA AVENUE

City: NORTH PORT

State: FL

ZIP code: 34286

Compensation for current period: \$15000 .00

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 826 .00

C Itemize each expense exceeding \$75:

PAID TO: VARIOUS DATE: 06 / 30 / 2013 ☐ Ad ☐ Social Event
PURPOSE: EVENT PRODUCTION AMOUNT: \$ 366118 .00 ☐ *Addendum attached
☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event
PURPOSE: AMOUNT: \$.00 ☐ *Addendum attached
☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$366944 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.
A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name:

or
Single Source Person's Last Name: KOVNER First Name: BRUCE

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: 01 / 03 / 2013 Amount of Contribution: \$ 54290 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contribution(s) Single Source #2

Single Source Entity's Name:

or
Single Source Person's Last Name: FLANIGAN First Name: PETER

Address:

City: State: ZIP code:

Phone:

Date Contribution Received: 01 / 03 / 2013 Amount of Contribution: \$ 54290 .00

Date Contribution Received: 05 / 14 / 2013 Amount of Contribution: \$ 27145 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name:

or
Single Source Person's Last Name: GRIFFIN First Name: JOHN

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	05	/	17	/	2013	Amount of Contribution:	\$67862	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 4**

Single Source Entity's Name:

or
Single Source Person's Last Name: DI NICOLA First Name: TONY

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	05	/	20	/	2013	Amount of Contribution:	\$ 108579	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 5**

Single Source Entity's Name: AMERICAN FEDERATION FOR CHILDREN

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	02	/	15	/	2013	Amount of Contribution:	\$81435	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name:

or

Single Source Person's Last Name: BLASBERG

First Name: JOHN & JEANNE

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: 02 / 13 / 2013 Amount of Contribution: \$40717 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 7

Single Source Entity's Name:

or

Single Source Person's Last Name: CARSON

First Name: RUSS

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: 03 / 27 / 2013 Amount of Contribution: \$ 108579 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 8

Single Source Entity's Name:

or

Single Source Person's Last Name: LEFFELL

First Name: MICHAEL

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received: 02 / 04 / 2013 Amount of Contribution: \$27145 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

VI Subjects lobbied:

EDUCATION ISSUES;

☐ Continued on attached pages**VII** Person, State Agency, Municipality or Legislative Body lobbied:

EXECUTIVE; SENATE; ASSEMBLY

☐ Continued on attached pages**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A1826; S4099

☐ Continued on attached pages**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:☐ Continued on attached pages**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:☐ Continued on attached pages**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:☐ Continued on attached pages**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

DATE:

PRINT NAME: LAST STRIANESE

FIRST MICHAEL

TITLE: CFO & COO

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.